



REFERENCE GUIDE FOR CIVIL INVOLUNTARY DETENTION: FORMS

DIVISION OF
COMPREHENSIVE PSYCHIATRIC SERVICES

**LIST OF CIVIL INVOLUNTARY DETENTION FORMS:
MENTAL HEALTH AND ALCOHOL AND DRUG**

DMH 128	Application to Court for 96 Hour Detention, Evaluation and Treatment/Rehabilitation <ul style="list-style-type: none"> Used to apply to court for 96 hour detention for mental health and alcohol and drug Completed by any adult person Must have Affidavits (DMH 142) and Witness List (DMH 137) attached Must be notarized Presented to the Probate Court in the county where the person may be found Copies provided within 3 hours to the Client Copies sent within 24 hours to the Probate Court in the county where the facility is Copies to Medical Record, Client's Attorney, and Department of Mental Health
*DMH 129	Order for 96 Hour Detention, Evaluation and Treatment/Rehabilitation <ul style="list-style-type: none"> Order for 96 hour detention for mental health and alcohol and drug Issued by the Probate Court in the county where the person may be found Copies sent within 24 hours to the Probate Court in the county where the facility is Copies to Medical Record, Client's Attorney, and Department of Mental Health
*OSCA MH15	Order for 96 Hour Detention, Treatment and Rehabilitation and Warrant (MH) <ul style="list-style-type: none"> Order for 96 hour detention for mental health only Plus a Warrant for Law Enforcement to assume custody and transport Issued by the Probate Court in the county where the person may be found Executed and signed by the Sheriff Copies sent within 24 hours to the Probate Court in the county where the facility is Copies to Medical Record, Client's Attorney, and Department of Mental Health
*OSCA MH20	Order for 96 Hour Detention, Treatment and Rehabilitation and Warrant (A&D) <ul style="list-style-type: none"> Order for 96 hour detention for alcohol and drug only Plus a Warrant for Law Enforcement to assume custody and transport Issued by the Probate Court in the county where the person may be found Executed and signed by the Sheriff and returned to the Probate Court Copies sent within 24 hours to the Probate Court in the county where the facility is Copies to Medical Record, Client's Attorney, and Department of Mental Health
*DMH 130	Warrant <ul style="list-style-type: none"> Warrant for Law Enforcement to assume custody and transport Issued by the Probate Court in the county where the person may be found Executed and signed by the Sheriff and returned to the Probate Court
DMH 131	Request for Transportation to Mental Health Facility/Alcohol and Drug Abuse Facility <ul style="list-style-type: none"> Mental Health Coordinator form to request transportation by law enforcement
DMH 132	Application for 96 Hour Imminent Harm Admission to Mental Health/Alcohol & Drug Abuse Facility <ul style="list-style-type: none"> Used to apply for 96 hour detention for mental health and alcohol and drug Completed by Peace Officer or Facility Designee Must have Affidavits (DMH 142) and Witness List (DMH 137) attached Must be notarized Presented to the Head of the Facility Copies provided within 3 hours to the Client Copies sent within 24 hours to the Probate Court in the county where the facility is Copies to Medical Record, Client's Attorney, and Department of Mental Health
DMH 133	Application for 96 Hour Detention, Evaluation, and Treatment/Rehabilitation of a Voluntary Patient Requesting Release <ul style="list-style-type: none"> Used to apply for 96 hour detention for mental health and alcohol and drug for a voluntary client who is requesting release Completed by Facility Designee Must have Affidavits (DMH 142) and Witness List (DMH 137) attached Must be notarized Presented to the Head of the Facility

- Copies provided within 3 hours to the Client
- Copies sent within 24 hours to the Probate Court in the county where the facility is
- Copies to Medical Record, Client's Attorney, and Department of Mental Health

DMH 134-1

Petition for Involuntary Detention and Treatment

- Used to apply for detention beyond 96 hours for mental health and alcohol and drug
- Completed by Facility Designee
- Must have Verification (DMH 134-2) and Witness List (DMH 137) attached
- Original presented to the Probate Court in the county where the facility is
- Copies to Medical Record, Client's Attorney, Prosecuting Attorney and Department of Mental Health
- Court will serve the Client and the Client's Attorney with the Petition

DMH 134-2

Verification

- Used with Petition (DMH 134-1 to apply for detention beyond 96 hours for mental health and alcohol and drug
- For mental health, completed by: 1) a psychiatrist or by 2) a licensed physician and a mental health professional
- For alcohol and drug, completed by a licensed physician
- Original presented to the Probate Court in the county where the facility is
- Copies to Medical Record, Client, Client's Attorney, Prosecuting Attorney and Department of Mental Health

***DMH 135**

Order Setting Hearing on Application for Additional Detention and Treatment and Confirming

- Issued by the Probate Court setting the date and time for the hearing, continuing the service of the attorney and ordering all records made available to the attorney for mental health and alcohol and drug
- Copies distributed by the Probate Court. The facility should ensure that copies go to the Client, Client's Chart , Client's Attorney, Department of Mental Health

***OSCA MH25**

Order Setting Hearing on Petition for Additional Detention and Treatment and Confirming

- Issued by the Probate Court setting the date and time for the hearing, continuing the service of the attorney and ordering all facility records made available to the attorney for mental health only (OSCA form)
- Copies distributed by the Probate Court. The facility should ensure that copies go to the Client, Client's Chart , Client's Attorney, Department of Mental Health

***OSCA MH30**

Order Setting Hearing on Petition for Additional Detention and Treatment and Confirming

- Issued by the Probate Court setting the date and time for the hearing, continuing the service of the attorney and ordering all facility records made available to the attorney for alcohol and drug only (OSCA form)
- Copies distributed by the Probate Court. The facility should ensure that copies go to the Client, Client's Chart , Client's Attorney, Department of Mental Health

***DMH 136**

Judgment for Involuntary Inpatient Detention and Treatment/Rehabilitation

- Issued by the Probate Court order further detention for mental health and alcohol and drug
- Copies distributed by the Probate Court. The facility should ensure that copies go to the Client, Client's Chart , Client's Attorney, Department of Mental Health

***OSCA MH35**

Judgment for Involuntary Detention and Treatment (MH)

- Issued by the Probate Court order further detention for mental health only (OSCA form)
- Copies distributed by the Probate Court. The facility should ensure that copies go to the Client, Client's Chart , Client's Attorney, Department of Mental Health

***OSCA MH40**

Judgment for Involuntary Detention and Treatment (A&D)

- Issued by the Probate Court order further detention for alcohol and drug only (OSCA form)
- Copies distributed by the Probate Court. The facility should ensure that copies go to the Client, Client's Chart , Client's Attorney, Department of Mental Health

DMH 137

List of Witnesses

- Completed for all 96 hour applications; Court DMH 128, Imminent Harm DMH 132, Voluntary to Involuntary DMH 133 and Petition DMH 143-1 for mental health and alcohol and drug
- Completed by the applicant
- Lists names, addresses and telephone numbers of any prospective witnesses
- Presented to the Probate Court with a DMH 128 or DMH 134-1 Application

- Presented to the Head of the Facility with a DMH 132 or DMH 133 Application
- Copies to Medical Record, Client's Attorney, Prosecuting Attorney and Department of Mental Health
- Court will serve the Client and the Client's Attorney with the List of Witnesses

DMH 138

Notice of Admission of Involuntary Patient

- Completed by the Head of the Facility upon the admission of an involuntary client for mental health and alcohol and drug
- Copies provided within 3 hours to the Client
- Provides the date of admission, proof that notice of rights was given and name of the attorney designated from the list provided by the Probate Court
- Copies sent within 24 hours to the Probate Court in the county where the facility is
- Copies to Medical Record, Client's Attorney, and Department of Mental Health

DMH 139

Withdrawal Petition (MH)

- Completed by the applicant, most usually the Head of the Facility, withdrawing the petition for further detention and stating the reasons why for mental health
- Presented to the Probate Court in the county where the facility is along with DMH 147 Notice of Discharge/Voluntary Admission
- Copies to Client, Medical Record, Client's Attorney, Prosecuting Attorney and Department of Mental Health

DMH 8537

Withdrawal Petition (A&D)

- Completed by the applicant, most usually the Head of the Facility, withdrawing the petition for further detention and stating the reasons why for alcohol and drug
- Presented to the Probate Court in the county where the facility is along with DMH 147 Notice of Discharge/Voluntary Admission
- Copies to Client, Medical Record, Client's Attorney, Prosecuting Attorney and Department of Mental Health

DMH 140

Application for Order Appointing Independent Physician/Psychologist

- Filed by the client's attorney requesting the Probate Court to appoint a licensed physician or psychologist to examiner the client and testify on his behalf at hearings for detention beyond 21 days for mental health only

***DMH 141**

Order Appointing Independent Physician/Psychologist

- Issued by the Probate Court appointing a licensed physician or psychologist to examiner the client and testify on his or her behalf at hearings for detention beyond 21 days for mental health only

***OSCA MH45**

Order Appointing Independent Physician/Psychologist

- Issued by the Probate Court appointing a licensed physician or psychologist to examiner the client and testify on his or her behalf at hearings for detention beyond 21 days for mental health only (OSCA form)

DMH 142

Affidavit in Support of Application for Detention, Evaluation and Treatment/Rehabilitation –

- Used to support an application (DMH 128, DMH 132, DMH 133) for 96 hour detention for mental health and alcohol and drug
- Completed by any adult person
- Describes the behavior that supports that the client presents a likelihood of serious harm as the result of mental disorder or alcohol or drug abuse
- Must describe behavior that supports ① the presence of a mental disorder and ②the likelihood of harm as the result of the mental disorder
- Must be notarized
- Presented to the Probate Court with a DMH 128 Application
- Presented to the Head of the Facility with a DMH 132 or DMH 133 Application
- Copies sent within 24 hours to the Probate Court in the county where the facility is
- Copies to Medical Record, Client's Attorney, and Department of Mental Health

***DMH 143**

Notice of Hearing on Petition for Additional Detention and Treatment

- Issued by the Probate Court providing notice to the client and the client's attorney that a petition for further detention has been filed and provides the date and time of the hearing for mental health and alcohol and drug
- Served by the Sheriff

***OSCA MH26**

Notice of Hearing on Petition for Additional Detention and Treatment (MH)

- Issued by the Probate Court providing notice to the client and the client's attorney that a petition for further detention has been filed and provides the date and time of the hearing for mental health only
- Served by the Sheriff (OSCA form)

***OSCA MH31**

Notice of Hearing on Petition for Additional Detention and Treatment (A&D)

- Issued by the Probate Court providing notice to the client and the client's attorney that a petition for further detention has been filed and provides the date and time of the hearing for alcohol and drug only
- Served by the Sheriff (OSCA form)

DMH 145

Notice of Rights of Involuntary Patient

- Presented to any person admitted for 96 hour detention for mental health and alcohol and drug
- Must be presented within 3 hours of admission
- Provided within 8 hours to guardian or with consent to family
- A staff member must have the client read the rights or must read the rights to the person
- The staff member must sign the form
- Copies sent within 24 hours to the Probate Court in the county where the facility is
- Copies to Medical Record, Client's Attorney, and Department of Mental Health

***DMH 146**

Order for Release

- Issued by the Probate Court when the client is found not to meet criteria for further detention for mental health and alcohol and drug

***OSCA MH50**

Order for Release (MH)

- Issued by the Probate Court when the client is found not to meet criteria for further detention for mental health only (OSCA form)

***OSCA MH55**

Order for Release (A&D)

- Issued by the Probate Court when the client is found not to meet criteria for further detention for alcohol and drug only (OSCA form)

DMH 147

Notice of Discharge/Voluntary Admission (MH)

- Completed by the Head of the Facility to notify the Probate Court of the client's discharge or voluntary admission for mental health
- Ends the commitment
- Copies sent to the Probate Court in the county where the facility is
- Copies to Client, Medical Record, Client's Attorney, and Department of Mental Health

DMH 8543

Notice of Discharge/Voluntary Admission (A&D)

- Completed by the Head of the Facility to notify the Probate Court of the client's discharge or voluntary admission for alcohol and drug
- Ends the commitment
- Copies sent to the Probate Court in the county where the facility is
- Copies to Client, Medical Record, Client's Attorney, and Department of Mental Health

DMH 148

Request for Change of Venue to Respondent's County of Residence (MH)

- Presented to the Probate Court requesting that the hearing for further detention be held in the client's county of residence for mental health
- Completed by the client, or the client's parent or guardian or attorney

DMH 8544

Request for Change of Venue to Respondent's County of Residence (A&D)

- Presented to the Probate Court requesting that the hearing for further detention be held in the client's county of residence for alcohol and drug
- Completed by the client, or the client's parent or guardian or attorney

DMH 149

Order for Change of Venue to Respondent's County of Residence (MH)

- Issued by the Probate Court ordering that the hearing for further detention be held in the client's county of residence for mental health

DMH 8545

Order for Change of Venue to Respondent's County of Residence (A&D)

- Issued by the Probate Court ordering that the hearing for further detention be held in the client's county of residence for alcohol and drug

DMH 150

Conditional Release for Involuntarily Detained Patient

- Used to place a detained client on conditional release in the community for mental health
- Completed by the Head of the Facility and signed by the client and mental health professional
- Specifics conditions of release, follow-up care and the provider

- Copies sent to the Probate Court in the county where the facility is
- Copies to Client, Medical Record, Client's Attorney, and Department of Mental Health

DMH 151

Notice to Patient of Revocation of Conditional Release

- Used by the Head of the Facility to revoke the conditional release
- The Probate Court may order the law enforcement to detain and transport the client to the mental health facility
- The Probate Court may order a hearing on the revocation of conditional release
- Copies sent to the Probate Court in the county where the facility is
- Copies to Client, Medical Record, Client's Attorney, and Department of Mental Health

DMH 152

Request for Hearing on Revocation of Conditional Release

- Completed by the client to request that the Probate Court hold a hearing on the revocation of conditional release

DMH 153

Trial Visit for Involuntarily Detained Patient

- Used for a trial visit to the community for a detained for mental health
- Completed by the Head of the Facility and signed by the client
- Copies sent to the Probate Court in the county where the facility is
- Copies to Client, Medical Record, Client's Attorney, and Department of Mental Health

*** DENOTES PROBATE COURT ORIGINATED FORMS**



STATE OF MISSOURI

DEPARTMENT OF MENTAL HEALTH

**APPLICATION TO COURT FOR 96 HOUR DETENTION,
EVALUATION AND TREATMENT/REHABILITATION**

NO.

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI
PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT.

DATE OF BIRTH: _____ GENDER: MALE FEMALE

The applicant herein states to the Court as follows:

1. That the respondent _____, age _____, birthdate _____, resides at

(STREET)	(CITY)	(COUNTY)	(STATE)	(ZIP CODE)
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and is now at _____

2. That the applicant has reason to believe that the respondent is mentally disordered/abuses alcohol or drugs or both as defined by law and presents a likelihood of serious harm to h____self or others, and thus is in need of detention, evaluation and treatment/rehabilitation.

3. The facts that support the applicant's belief that the respondent is mentally disordered/abuses alcohol or drugs or both are:

4. The facts that support the applicant's belief that the respondent presents a likelihood of serious harm are:

5. That attached and made a part of hereof are affidavits in support of this application and the names and addresses of persons known to the applicant to have personal knowledge of the facts.

WHEREFORE, the applicant requests the Court to hold a hearing on this application and to order that the respondent, be taken in to custody and transferred to _____ for detention, evaluation and treatment/rehabilitation for a period not to exceed 96 hours pursuant to Chapter 632, RSMo/Chapter 631, RSMo.

_____, applicant herein, verifies and affirms that the facts stated in the foregoing application are true to the best of h____ knowledge and belief.

Attachments

DIVISION CLERK		DEPUTY DIVISION CLERK By _____			
APPLICANT			TELEPHONE _____		
STREET		CITY	COUNTY	STATE	
NOTARY PUBLIC EMBOSSEUR OR BLACK INK RUBBER STAMP SEAL		STATE		COUNTY (OR CITY OF ST. LOUIS)	
		SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____, YEAR _____		USE RUBBER STAMP IN CLEAR AREA BELOW.	
		NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES	
		NOTARY PUBLIC NAME (TYPED OR PRINTED)			



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

ORDER FOR 96 HOUR DETENTION, EVALUATION AND
TREATMENT/REHABILITATION

No. _____

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI
PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT.

Now on this _____ day of _____,
20_____, the Court takes up the application of _____ for
the detention, evaluation and treatment/rehabilitation of the respondent,

The applicant is present in person. The respondent is is not present.

The Court having heard and examined the evidence submitted finds that the respondent is presently located in this county and that there is probable cause to believe that the respondent has a mental disorder/alcohol or drug abuser and presents a likelihood of causing serious harm to h____ self or others.

Wherefore, it is ordered that the respondent is hereby placed in the custody of the Director of the Department of Mental Health; or the head of _____, a private mental health facility/alcohol or drug abuse facility for the detention, evaluation and treatment/rehabilitation for a period not to exceed 96 hours unless a petition for a further period of detention and treatment/rehabilitation is filed with the court of competent jurisdiction.

It is further ordered that a warrant be issued directing the Sheriff of _____ County, Missouri, or any other peace officer of the State of Missouri, to take the respondent into custody and transport h____ to _____, a mental health facility/alcohol and drug abuse facility.

This order is valid for _____ days.

Judge



IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

Probate Division	Case Number:
In the Matter of _____, Respondent.	

(Date File Stamp)

**Order for 96 Hour Detention, Evaluation and Treatment and Warrant
(Mental Health)**

The court takes up the application of _____ for the detention, evaluation and treatment of the respondent. The applicant is present in person. The respondent is not present present. The court having heard and examined the evidence submitted finds that the respondent is in this county and that there is probable cause to believe that the respondent has a mental disorder and presents a likelihood of serious harm to respondent or others.

It is ordered that the respondent is placed in the custody of the Director of the Department of Mental Health; or the head of _____, a mental health facility, for detention, evaluation and treatment for a period not to exceed 96 hours unless a petition for a further period of detention and treatment is filed with the court of competent jurisdiction.

It is further ordered that a warrant be issued directing the Sheriff of _____ County, Missouri, or any other peace officer of the State of Missouri, to take the respondent into custody and transport respondent to: _____ This order is valid for _____ days.

Warrant

The State of Missouri to the Sheriff of _____ County, Missouri or any Peace Officer in the State of Missouri:

Because an application for the detention, evaluation and treatment of _____ respondent, has been filed and the court has found that there is probable cause to believe that the respondent has a mental disorder and presents a likelihood of serious harm to the respondent or others, you are commanded to take the respondent into custody and transport the respondent to _____ for detention, evaluation and treatment.

If the respondent is not found and transported to the named facility within _____ days, this order will become void.

Upon executing this warrant, you shall make a return to the Probate Division Clerk.

DATE:	
COMMISSIONER	JUDGE
Executed this Warrant on: _____.	
SHERIFF	, MISSOURI.
BY:	



IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

Probate Division	Case Number:
In the Matter of _____, Respondent.	

(Date File Stamp)

**Order for 96 Hour Detention, Treatment and Rehabilitation and Warrant
(Alcohol/Drug)**

The court takes up the application of _____ for the detention, treatment and rehabilitation of the respondent. The applicant is present in person. The respondent is not present present. The court having heard and examined the evidence submitted finds that the respondent is in this county and that there is probable cause to believe that the respondent is an alcohol or drug abuser and presents a likelihood of serious harm to respondent or others.

It is ordered that the respondent is placed in the custody of the Director of the Department of Mental Health; or the head of _____, an alcohol or drug abuse facility, for detention, treatment and rehabilitation for a period not to exceed 96 hours unless a petition for a further period of detention, treatment and rehabilitation is filed with the court of competent jurisdiction.

It is further ordered that a warrant be issued directing the Sheriff of _____ County, Missouri, or any other peace officer of the State of Missouri, to take the respondent into custody and transport respondent to: _____ This order is valid for _____ days.

Warrant

The State of Missouri to the Sheriff of _____ County, Missouri or any Peace Officer in the State of Missouri:

Because an application for the detention, treatment and rehabilitation of _____, respondent, has been filed and the court has found that there is probable cause to believe that the respondent is an alcohol or drug abuser and presents a likelihood of serious harm to the respondent or others, you are commanded to take the respondent into custody and transport the respondent to _____ for detention, treatment and rehabilitation.

If the respondent is not found and transported to the named facility within _____ days, this order will become void. Upon executing this warrant, you shall make a return to the Probate Division Clerk.

DATE:		
COMMISSIONER	JUDGE	
Executed this Warrant on: _____.		
SHERIFF	, MISSOURI.	
BY:		



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

WARRANT

No. _____

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI
PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT.

THE STATE OF MISSOURI TO THE SHERIFF OF _____ COUNTY,
MISSOURI OR TO ANY OTHER PEACE OFFICER IN THE STATE OF MISSOURI:

Whereas, an application for the detention, evaluation and treatment/rehabilitation of

_____ has been filed herein, and the court has found that
there is probable cause to believe that the person has a mental disorder/alcohol or drug abuse and presents
a likelihood of serious harm to h____self or others, you are therefore commanded to take into custody the
said _____ and transport h____ to _____

for detention, evaluation and treatment/rehabilitation.

If the above-named person is not found and transported to the named facility within _____
days, this order will become void.

Upon executing this warrant, you shall make a return thereon to the Probate Division Clerk.

Judge	Division Clerk	Date
EXECUTED THIS WARRANT ON: _____, 20 ____.		
Sheriff	County	, Missouri.
By (Deputy Sheriff)		

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
REQUEST FOR TRANSPORTATION TO A
MENTAL HEALTH FACILITY/ALCOHOL OR DRUG ABUSE FACILITY

TO		
<p>As a result of my personal observations and/or investigations, I have found reasonable cause to believe that</p> <p>_____</p>		
<p>presents an imminent likelihood of serious harm to h____ self or others as a result of a mental disorder/alcohol or drug abuse unless immediately taken into custody and I therefore request that you take</p> <p>_____ who is presently at _____</p> <p>into custody and transport h____ to the _____</p> <p>where I shall make an appointment for h____ detention, evaluation and treatment/rehabilitation.</p>		
DATE		
MENTAL HEALTH COORDINATOR	PHONE	
ADDRESS		



STATE OF MISSOURI

DEPARTMENT OF MENTAL HEALTH

**APPLICATION FOR 96 HOUR IMMINENT HARM ADMISSION
TO A MENTAL HEALTH OR ALCOHOL AND DRUG ABUSE FACILITY**

(A MENTAL HEALTH FACILITY/ALCOHOL OR DRUG ABUSE FACILITY)

The applicant is a _____ who may complete this application under Section 632.305.4, RSMo. or Section 631.120.1 RSMo.

The applicant herein states that _____ he has reason to believe that the respondent, _____, age _____, birthdate _____, gender Male Female, who resides at _____

STREET CITY COUNTY STATE ZIP CODE

is mentally disordered/abuses alcohol or drugs or both as defined by law and presents an imminent likelihood of serious harm to _____ self or others, and thus is in need of detention, evaluation and treatment/rehabilitation in a mental health/alcohol or drug abuse facility. Such belief is based upon the facts which have been derived from the applicant's personal observation and/or investigation.

1. The facts that support the applicant's belief that the respondent is mentally disordered/abuses alcohol or drugs or both are:

2. The facts that support the applicant's belief that the respondent presents an imminent likelihood of serious harm are:

Attached hereto and incorporated herein are the names and addresses of persons known to the applicant to have personal knowledge of said facts.

WHEREFORE, the applicant requests the mental health/alcohol or drug abuse facility to admit _____ for detention, evaluation and treatment/rehabilitation for a period not to exceed 96 hours pursuant to Chapter 632 RSMo. or Chapter 631, RSMo.

APPLICANT		DATE 10/11/2007	
ADDRESS		TELEPHONE	
NOTARY PUBLIC EMBOSSEUR OR BLACK INK RUBBER STAMP SEAL	STATE OF _____		COUNTY (OR CITY OF ST. LOUIS) USE RUBBER STAMP IN CLEAR AREA BELOW.
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____, YEAR _____		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

MO 650-0162N (B-07)

DMH 132



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
**APPLICATION FOR 96 HOUR DETENTION, EVALUATION AND TREATMENT/
REHABILITATION OF A VOLUNTARY PATIENT REQUESTING RELEASE**

NO. _____

TO: _____ <small>MENTAL HEALTH FACILITY/ALCOHOL OR DRUG ABUSE FACILITY</small>					
<p>The applicant herein states the following:</p> <p>1. The respondent is a voluntary patient who has requested h_____ release from _____ a mental health facility/alcohol or drug abuse facility.</p> <p>2. The applicant is a _____ who may complete this application pursuant to Sections 632.150 or 632.155, RSMo/Section 631.120 RSMo.</p> <p>3. The head of the facility, _____, has determined that _____ is mentally disordered/abuses alcohol or drugs or both and as a result a likelihood of serious harm to h_____ self or others and therefore has refused the patient's request for release.</p> <p>4. The applicant herein states that _____ he has reason to believe that the respondent, _____ _____, age _____, birthdate _____, gender <input type="checkbox"/> Male <input type="checkbox"/> Female, who is presently a patient at _____, a mental health/alcohol or drug abuse facility is suffering from a mental disorder/abuses alcohol or drugs or both and presents a likelihood of serious harm to h_____ self or others and thus is in need of detention, evaluation and treatment in a mental health/alcohol or drug abuse facility. Such belief is based upon facts derived from the applicant's personal observation and/or investigation.</p> <p>5. The facts that support the applicant's belief that the respondent is mentally disordered/alcohol or drug abuser are:</p> <p>6. The facts that support the applicant's belief that the respondent presents a likelihood of serious harm are:</p> <p>Attached hereto and incorporated herein are the names and addresses of persons known to the applicant to have personal knowledge of said facts.</p> <p>WHEREFORE, the applicant requests the mental health/alcohol or drug abuse facility to admit _____ for detention, evaluation and treatment/rehabilitation for a period not to exceed 96 hours pursuant to Chapter 632 RSMo/Chapter 631, RSMo.</p>					
APPLICANT					
STREET		CITY	COUNTY	STATE	ZIP CODE
NOTARY PUBLIC EMBOSSEUR OR BLACK INK RUBBER STAMP SEAL	STATE OF _____			COUNTY (OR CITY OF ST. LOUIS) _____	
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____, YEAR _____			USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES _____		
	NOTARY PUBLIC NAME (TYPED OR PRINTED)				



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
PETITION FOR INVOLUNTARY DETENTION AND TREATMENT

NO.

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI
PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT.

DATE OF BIRTH: _____ GENDER: MALE FEMALE

The petitioner herein states to the court as follows:

1. That the petitioner is a Designee of the Head of a Mental Health facility/Alcohol and Drug Abuse facility.
2. That the respondent, _____, age _____, in _____ County, Missouri, was admitted to _____ on the _____ day of _____, 20_____, as an involuntary patient in accordance with Chapter 632 RSMo. or Chapter 631 RSMo. and is presently being detained and treated at said facility.
3. That the respondent has a mental illness/abuses alcohol or drugs or both, and by reason of such mental illness or alcohol or drug abuse or both, continues to present a likelihood of serious harm to himself or others, and is in need of continued inpatient detention and treatment for such mental illness for a period not to exceed 21 days 90 days 1 year or 180 days of outpatient detention and treatment/or is in need of continued inpatient detention and treatment/rehabilitation for such alcohol or drug abuse or both for a period not to exceed 30 days 90 days.
4. The facts that substantiate the petitioner's belief that the respondent is mentally ill, abuses alcohol or drugs or both are:

5. The facts that substantiate the petitioner's belief that the respondent presents a likelihood of serious harm are:

6. The following attempts have been made to treat respondent on an outpatient basis:

which have been unsuccessful because:

or the respondent lacks the capacity to voluntarily consent to care, treatment and services because:

or the respondent refuses to voluntarily consent to care, treatment/rehabilitation and services.

7. The range and care, treatment and services to be provided to the respondent are:

8. The name of the entity or entities who have agreed to fund and provide for the services described in paragraph 7, supra, is/are:

9. The community support for the outpatient care and treatment of the respondent is:

10. That attached hereto and made a part hereof is a list of names and addresses of persons known to petitioner to have personal knowledge of the above facts.

11. That _____ is an appropriate mental health facility/alcohol or drug abuse facility for the inpatient treatment/rehabilitation of the respondent's condition; the head of said facility has agreed to accept the respondent; and said facility is the least restrictive environment available in which respondent can be treated.

WHEREFORE, petitioner requests the court to cause a hearing to be held on said application, and at the conclusion thereof to find that the respondent has a mental illness/abuses alcohol or drugs or both, and by reason of such mental illness/alcohol or drug abuse or both, continues to present a likelihood of serious harm to himself or others, and to order that the respondent be detained for involuntary inpatient treatment for such mental illness for an additional period not to exceed 21 days 90 days 1 year or involuntary outpatient treatment for such mental illness for an additional period not to exceed 180 days/for such alcohol or drug abuse or both for an additional period not to exceed 30 days 90 days.

DATED THIS _____ DAY OF _____, 20 ____.

PETITIONER	TITLE		
ADDRESS	CITY	STATE	ZIP
TELEPHONE			

MO 650-0149N (8-07)

DMH 134-1



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
VERIFICATION

IN THE MATTER OF _____, RESPONDENT

PSYCHIATRIST _____

LICENSED PHYSICIAN _____

MENTAL HEALTH PROFESSIONAL _____

HEREBY, VERIFIES UNDER OATH THAT _____ HAS EXAMINED THE RESPONDENT AND THAT THE ALLEGATIONS MADE IN THE FOREGOING PETITION ARE TRUE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

PSYCHIATRIST SIGNATURE _____

LICENSED PHYSICIAN SIGNATURE _____

MENTAL HEALTH PROFESSIONAL SIGNATURE _____

NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS) USE RUBBER STAMP IN CLEAR AREA BELOW.	
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF			YEAR
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
	NOTARY PUBLIC NAME (TYPED OR PRINTED)			
DIVISION CLERK				
DEPUTY DIVISION CLERK				

MO 650-6013 (3-00)

DMH 134-2

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
**ORDER SETTING HEARING ON APPLICATION FOR ADDITIONAL
DETENTION AND TREATMENT/REHABILITATION
AND CONFIRMING APPOINTMENT OF ATTORNEY**

NO.

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT.

**ORDER SETTING HEARING ON APPLICATION FOR ADDITIONAL DETENTION AND
TREATMENT AND CONFIRMING APPOINTMENT OF ATTORNEY**

Now on this _____ day of _____, _____, the court finds that an application has been filed seeking 21 day 90 day one year additional inpatient or 180 day additional outpatient detention and treatment/rehabilitation of respondent/ 30 day 90 day.

It is therefore,

Ordered that a hearing on said application be held on the _____ day of _____, _____, at _____ o'clock, _____ a.m., in the Probate Division of the Circuit Court of _____ County, Missouri at _____, Missouri.

It is further ordered that the previous appointment of _____ as attorney for respondent is hereby confirmed and extended for these proceedings.

It is further ordered that the head of _____, a mental health facility/alcohol and drug abuse facility, make available to said attorney all information and records of the facility concerning the respondent.

DATED: _____

JUDGE

MO 650-0150 (8-96)

DMH 135



IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

Probate Division	Case Number:
In the Matter of _____, Respondent.	

(Date File Stamp)

**Order Setting Hearing on Petition for Additional Detention and Treatment
and Confirming Appointment of Attorney
(Mental Health)**

The court finds that a petition has been filed seeking:

21 days 90 days one year additional inpatient detention and treatment of respondent.
 180 days additional outpatient detention and treatment of respondent.

It is therefore ordered that a hearing on said petition be held in the Probate Division of the Circuit Court of _____ County, Missouri, at _____
_____, on _____,
at _____ AM PM.

It is further ordered that the previous appointment of _____
as attorney for respondent is confirmed and extended for these proceedings.

It is further ordered that the head of _____, a
mental health facility, make available to said attorney all information and records of the facility
concerning the respondent.

DATE:

COMMISSIONER

JUDGE



IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

Probate Division	Case Number:
In the Matter of _____, Respondent.	

(Date File Stamp)

**Order Setting Hearing on Petition for Additional Detention, Treatment and Rehabilitation
and Confirming Appointment of Attorney
(Alcohol/Drug)**

The court finds that a petition has been filed seeking 30 days 90 days additional inpatient detention, treatment and rehabilitation of respondent.

It is therefore ordered that a hearing on the petition be held in the Probate Division of the Circuit Court of _____ County, Missouri, at _____, on _____, at _____ AM PM.

It is further ordered that the previous appointment of

_____ as attorney for respondent is confirmed and extended for these proceedings.

It is further ordered that the head of _____, an alcohol and drug abuse facility, make available to said attorney all information and records of the facility concerning the respondent.

DATE:	
COMMISSIONER	JUDGE



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

JUDGMENT FOR INVOLUNTARY INPATIENT DETENTION AND
TREATMENT/REHABILITATION

No. _____

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI
PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT.

Now on this _____ day of _____, 20_____, the Court takes up the petition of _____, seeking an order authorizing the involuntary detention and treatment/rehabilitation of the respondent herein.

The petitioner is present in person and by attorney and the respondent appears by attorney and is present in person or is absent because: _____.

The Court, having the matters submitted, now finds upon clear and convincing evidence as follows:

1. That the respondent is a resident of _____ County, Missouri.
2. That the respondent is presently being detained and involuntarily evaluated and treated/rehabilitated at _____.

3. That the respondent has a mental illness or is an alcohol or drug abuser and by reason of such mental illness/alcohol or drug abuse presents a likelihood of serious harm to himself or others, and is thus in need of continued detention and treatment/rehabilitation.

4. That detention and treatment/rehabilitation in the least restrictive environment, as defined in Section 630.005 RSMo can be provided at _____.

5. That _____ is appropriate to handle the respondent's condition and has agreed to accept respondent. It is, therefore,

Ordered, Adjudged and Decreed that respondent is hereby placed in the custody of the Director of the Missouri Department of Mental Health to be detained for involuntary inpatient treatment/rehabilitation for a period not to exceed

21 day 90 day one year or outpatient detention and treatment for a period not to exceed 180 days/
 30 day 90 days for alcohol or drug abuse treatment.

Date: _____

Judge



IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

Probate Division	Case Number:
In the Matter of _____, Respondent.	

(Date File Stamp)

Judgment for Involuntary Detention and Treatment
(Mental Health)

The court takes up the petition of _____, seeking an order authorizing the involuntary detention and treatment of the respondent.

The petitioner is present in person and by attorney, and the respondent appears by attorney and is present in person or is absent because: _____

The court upon clear and convincing evidence finds:

1. The respondent is a resident of _____ County, Missouri.
2. The respondent is being involuntarily detained, evaluated and treated at _____
3. The respondent has a mental illness and as a result presents a likelihood of serious harm to respondent or others and is thus in need of continued detention and treatment.
4. Detention and treatment in the least restrictive environment, as defined in Section 630.005, RSMo, can be provided at _____, a facility appropriate to handle the respondent's condition and this facility has agreed to accept the respondent.

It is therefore ordered that the respondent is placed in the custody of the Director of the Missouri Department of Mental Health to be involuntarily detained for a period not to exceed:

21 days 90 days one year inpatient treatment.

180 days outpatient treatment.

DATE:	
COMMISSIONER	JUDGE



IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

Probate Division	Case Number:
In the Matter of, _____ Respondent.	

(Date File Stamp)

Judgment for Involuntary Inpatient Detention, Treatment and Rehabilitation
(Alcohol/Drug)

The court takes up the petition of, seeking an order authorizing the involuntary detention, treatment and rehabilitation of the respondent.

The petitioner is present in person and by attorney, and the respondent appears by attorney and is present in person or is absent because: _____

The court upon clear and convincing evidence finds:

1. The respondent is a resident of _____ County, Missouri.
2. The respondent is being involuntarily detained, treated and rehabilitated at _____
3. The respondent is an alcohol or drug abuser and as a result presents a likelihood of serious harm to respondent or others and is thus in need of continued detention, treatment and rehabilitation.
4. Detention, treatment and rehabilitation in the least restrictive environment, as defined in Section 630.005, RSMo, can be provided at _____

_____, a facility appropriate to handle the respondent's condition and this facility has agreed to accept the respondent.

It is therefore ordered that the respondent is placed in the custody of the Director of the Missouri Department of Mental Health to be detained for involuntary inpatient treatment and rehabilitation for a period not to exceed: 30 days 90 days for alcohol or drug abuse treatment.

DATE:

COMMISSIONER

JUDGE



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
LIST OF WITNESSES

NO.

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT.

TO (ATTORNEY FOR RESPONDENT)

FOLLOWING ARE THE NAMES, ADDRESSES, AND TELEPHONE NUMBER OF PROSPECTIVE WITNESSES KNOWN TO THE APPLICANT/PETITIONER:



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
NOTICE OF ADMISSION OF INVOLUNTARY PATIENT

NO. _____

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

PROBATE DIVISION

IN THE MATTER OF _____

RESPONDENT, A PERSON ALLEGED TO BE MENTALLY DISORDERED.

NOTICE OF ADMISSION OF INVOLUNTARY PATIENT

TO: JUDGE, PROBATE DIVISION, CIRCUIT COURT OF _____ COUNTY, MISSOURI
_____, RESPONDENT, WHO RESIDES AT,

(STREET, CITY, COUNTY)
COUNTY, MISSOURI, WAS ADMITTED TO _____

ON THE _____ DAY OF _____, 20_____, AT _____ O'CLOCK ____ .M.
ON AN INVOLUNTARY BASIS.

ENCLOSED HEREWITH IS A COPY OF THE APPLICATION FOR RESPONDENT'S ADMISSION, A COPY OF THE NOTICE GIVEN TO RESPONDENT AS REQUIRED BY CHAPTER 632 OR 631, RSMO, AND PROOF OF SERVICE OF SUCH NOTICE.

THE ATTORNEY REPRESENTING THE RESPONDENT IS _____, WHO IS
DESIGNATED FROM THE LIST PROVIDED BY THE COURT.

DATED: _____, 20_____.

MENTAL HEALTH COORDINATOR OR HEAD OF FACILITY

ADDRESS	CITY
---------	------

STATE	ZIP CODE	TELEPHONE NUMBER
-------	----------	------------------



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
WITHDRAWAL PETITION

NO.

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT,
A PERSON ALLEGED TO BE MENTALLY ILL.

Comes now the applicant herein and withdraws the application for the 21 day 90 day one year
detention and treatment of _____ respondent, for the following reasons:

DATED: _____, 20 ____.

PETITIONER	TITLE
------------	-------



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
WITHDRAWAL OF PETITION

NO.

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT,
A PERSON ALLEGED TO BE AN ALCOHOL OR DRUG ABUSER OR BOTH.

Comes now the applicant herein and withdraws the application for the 30 day/90 day detention, treatment and rehabilitation of _____, respondent, for the following reason:

Dated this _____ day of _____, 20_____.

PETITIONER: _____

TITLE: _____

MO 650-5826 (4-92)

DMH 8537 (4-92)



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

APPLICATION FOR ORDER APPOINTING INDEPENDENT PHYSICIAN/PSYCHOLOGIST No. _____

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI
PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT.

Come now _____, respondent, by his attorney, and requests the court, pursuant to Chapter 632 RSMo., to appoint a reasonably available licensed physician/psychologist to examine the respondent and testify in his behalf at the hearing concerning the requested detention and treatment of respondent for an additional 90 days one year 180 days of outpatient commitment.

Date: _____

Attorney For Respondent

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
ORDER APPOINTING INDEPENDENT PHYSICIAN/PSYCHOLOGIST

NO.

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT.

Now on this date, having considered the application of respondent for an order appointing an independent physician/psychologist to examine respondent and testify on respondent's behalf, it is

Ordered that _____ is hereby appointed, pursuant to Chapter 632 RSMo. as examining physician/psychologist and is hereby directed to conduct such mental examination of respondent without delay and to be available to testify as a witness on behalf of respondent.

DATED: _____

JUDGE



IN THE CIRCUIT COURT OF _____, MISSOURI

Probate Division	Case Number:
In the Matter of _____, Respondent.	
(Date File Stamp)	

Order Appointing Independent Physician/Psychologist

Having considered the application of respondent for an order appointing an independent physician/psychologist to examine respondent and testify on respondent's behalf, it is ordered that _____ is appointed, pursuant to Chapter 632, RSMo, as examining physician/psychologist and is directed to conduct such mental examination of respondent without delay and to be available to testify as a witness on behalf of respondent.

DATE:	
COMMISSIONER	JUDGE



STATE OF MISSOURI

DEPARTMENT OF MENTAL HEALTH

**AFFIDAVIT IN SUPPORT OF APPLICATION FOR DETENTION, EVALUATION
AND TREATMENT/REHABILITATION - ADMISSION FOR 96 HOURS**

IN THE MATTER OF _____, RESPONDENT,

A PERSON ALLEGED TO BE MENTALLY DISORDERED.

HEREBY AFFIRMS AN OATH AS FOLLOWS:

(Describe the behavior which respondent exhibits which supports the conclusion that respondent is mentally disordered or an alcohol or drug abuser and presents a likelihood of serious harm to himself or others.)

NAME (SIGNATURE)				
STREET ADDRESS				
CITY		STATE	ZIP CODE	
NOTARY PUBLIC EMBOSSEUR OR BLACK INK RUBBER STAMP SEAL	STATE OF		COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF		YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
	NOTARY PUBLIC NAME (TYPED OR PRINTED)			

MO 650-0173N (8-00)

DMH 142



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

NOTICE OF HEARING ON PETITION FOR
ADDITIONAL DETENTION AND TREATMENT/REHABILITATION

No. _____

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI
PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT.

TO: _____, respondent.

You are hereby notified that a petition, a copy of which is attached hereto, has been filed with the court alleging that you are mentally ill/alcohol or drug abuser and, as a result of such mental illness/alcohol or drug abuse, you present a likelihood of serious harm to yourself or others. The petition seeks your involuntary inpatient detention and treatment for such mental illness/alcohol or drug abuse for rehabilitation for an additional period of
 21 days 90 days one year or outpatient detention and treatment/rehabilitation for such mental illness for an additional period of 180 days/ 30 days or 90 days for alcohol or drug abuse treatment.

A hearing on said petition will be held in Probate Division of the Circuit Court of _____
County, Missouri, at _____, on the _____ day of _____, 20____, at
_____ o'clock _____.M.

Date: _____

Division Clerk	Deputy Division Clerk By:
----------------	------------------------------

RETURN

I hereby certify that I have served the within notice and the attached petition by delivering a copy thereof to the
within named _____, on the _____ day of _____, 20____,
at _____.

Sheriff	Deputy Sheriff By:
---------	-----------------------

County _____, Missouri.

CERTIFICATION OF SERVICE

I hereby certify that I served notice of hearing to the above-named respondent and his attorney in the following manner:

DEPUTY DIVISION CLERK



IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

Probate Division:	Case Number:
In the Matter of _____, Respondent.	

(Date File Stamp)

Notice of Hearing on Petition for Additional Detention and Treatment
(Mental Health)

To: _____, respondent.

A petition and list of witnesses, copies of which are attached, have been filed with the court alleging that you are mentally ill, and as a result, you present a likelihood of serious harm to yourself or others. The petition seeks your involuntary detention for mental illness treatment for an additional period of:

21 days 90 days one year inpatient treatment.
 180 days outpatient treatment.

A hearing on the petition will be held in the Probate Division of the Circuit Court of _____
County, Missouri, at _____, on _____, at _____, AM PM.

DATE:

DIVISION CLERK: _____ BY: _____

Service Address

Serve at: _____

Return

I certify that I have served the notice and petition by delivering a copy to the respondent on

_____ at _____



IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

Judge or Division:	Case Number:
--------------------	--------------

In the Matter of _____, Respondent.

(Date File Stamp)

**Notice of Hearing on Petition for Additional Detention, Treatment and Rehabilitation
(Alcohol/Drug)**

To: _____, respondent.

A petition and list of witnesses, copies of which are attached, have been filed with the court alleging that you are an alcohol or drug abuser, and as a result, you present a likelihood of serious harm to yourself or others. The petition seeks your involuntary inpatient detention for alcohol or drug abuse for treatment and rehabilitation for an additional period of 30 days 90 days.

A hearing on the petition will be held in the Probate Division of the Circuit Court of _____ County, Missouri, at _____, on _____, at _____ AM PM.

DATE:

DIVISION CLERK

BY:

Service Address

Serve at: _____

Return

I certify that I have served the notice and petition by delivering a copy to the respondent on

_____ at _____

SHERIFF

, MISSOURI

BY:



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
NOTICE OF RIGHTS OF INVOLUNTARY PATIENT

TO: _____, Respondent

You have been accepted by _____ for detention, evaluation and treatment because there is reasonable cause to believe that you suffer from a mental disorder or alcohol and drug abuse, and as a result, you present a likelihood of serious physical harm to yourself or others.

Unless you are released or voluntarily admit yourself within 96 hours of the initial detention:

1. You may be detained for 96 hours from the time of your initial detention to be evaluated and treated.

You were accepted at _____, _____.m., _____, 20 _____. Your 96 hours, excluding weekends and holidays, will end at _____, _____.m., _____, 20 _____.

2. Within the 96 hours, the head of the mental health facility/alcohol or drug abuse facility or the mental health coordinator may file a petition to have you detained for an additional twenty-one days/30 days, after a court hearing within two judicial days after the petition is filed.

3. _____, an attorney, located at _____, telephone number _____ has

been appointed who will represent you before and after the hearing and who will be notified as soon as possible. You also have the right to private counsel of your choosing at your own expense.

4. You have the right to communicate with counsel at all reasonable times and to have assistance in contacting such counsel.

5. The purpose of the evaluation is to determine whether you are mentally ill/alcohol or drug abuser and as a result present a likelihood of serious physical harm. Anything you say to personnel at the mental health facility/alcohol or drug abuse facility may be used in making that determination and may result in involuntary detention proceedings being filed against you and may be used at the court hearing.

6. You have the right to present evidence and to cross-examine witnesses who testify against you at the hearing.

7. During the period prior to being examined by a licensed physician, you may refuse medication unless you present an imminent likelihood of serious physical injury to yourself or others.

8. You have the right to refuse medication except for life-saving treatment beginning twenty-four hours prior to the hearing for a 21-day/30 day detention.

9. You have the right to request that the hearing be held in your county of residence if you are a resident of this state.

10. You have the right to request to have an interpreter assist you to communicate at the facility, during the hearing, or both, if you have impaired hearing or do not speak English.

11. If you have a court hearing, you will have the following rights:

- A. To be represented by an attorney.
- B. To present evidence on your own behalf.
- C. To cross-examine witnesses who testify against you.
- D. To remain silent.
- E. To view and copy all petitions and reports of your case in the court file.
- F. To have the hearing open or closed to the public, as you elect.
- G. To be proceeded against according to the rules of evidence applicable to civil judicial proceedings.
- H. A hearing before a jury, if requested.

12. If you request, the court shall appoint an available licensed physician or psychologist to examine you and testify in court if a petition for ninety days or one year or 180 days of outpatient commitment is filed.

I certify that a copy of the above NOTICE OF RIGHTS OF INVOLUNTARY PATIENT was given to

_____, on _____, 20_____, at _____, _____.m.
NAME OF RESPONDENT
within three hours of his acceptance to the mental health facility/alcohol or drug abuse facility. The patient either read the Rights in my presence or had it read to him. I answered the patient's questions and tried to explain what the patient did not understand.

NAME	TITLE
------	-------

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
ORDER FOR RELEASE

NO.

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT.

Now on this _____ day of _____, the court takes up the petition seeking an order of this court authorizing the involuntary detention and treatment of the respondent.

The petitioner is present in person and by attorney, and the respondent appears in person and by attorney.

The court having heard and examined the evidence submitted now finds:

1. That the respondent is a resident of _____ County, Missouri.
2. That the respondent is presently being detained and treated at _____
3. That the respondent does does not have a mental illness/ does does not have alcohol or drug abuse, but does not present a likelihood of serious harm to himself or others and thus may not be involuntarily detained and treated and should be released.

WHEREFORE, it is ordered that the respondent be released forthwith from the custody of _____

It is further ordered that the respondent's attorney _____ is allowed a fee of _____ dollars for services rendered in this proceeding and the court finding that the respondent is unable to pay said fee, it is hereby assessed as cost, which, together with all other costs in this proceeding, shall be paid by the Office of Administration in accordance with the rules and regulations promulgated by the State Court Administrator.

DATED: _____

JUDGE



IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

Probate Division	Case Number:
In the Matter of _____, Respondent.	
(Date File Stamp)	

Order for Release
(Mental Health)

The court takes up the petition seeking an order authorizing the involuntary detention and treatment of the respondent. The petitioner is present in person and by attorney, and the respondent appears in person and by attorney.

The court having heard and examined the evidence submitted finds:

1. The respondent is a resident of _____ County, Missouri.
2. The respondent is being detained and treated at _____
3. The respondent does does not have a mental illness, and does not present a likelihood of serious harm to respondent or others and thus may not be involuntarily detained and treated and should be released.

It is ordered that the respondent be released from the custody of _____

DATE:	
COMMISSIONER	JUDGE



IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

Probate Division	Case Number:
------------------	--------------

In the Matter of _____, Respondent.

(Date File Stamp)

Order for Release
(Alcohol/Drug)

The court takes up the petition seeking an order authorizing the involuntary detention, treatment and rehabilitation of the respondent. The petitioner is present in person and by attorney, and the respondent appears in person and by attorney.

The court having heard and examined the evidence submitted finds:

1. The respondent is a resident of _____ County, Missouri.
2. The respondent is being detained and treated at _____

3. The respondent is not an alcohol or drug abuser, and does not present a likelihood of serious harm to respondent or others and thus may not be involuntarily detained and treated and should be released.

It is ordered that the respondent be released from the custody of _____

DATE:

COMMISSIONER

JUDGE

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
NOTICE OF *DISCHARGE/VOLUNTARY ADMISSION

NO.

IN THE MATTER OF _____ RESPONDENT

_____ , Respondent, was detained at
_____ a recognized mental health/alcohol and drug abuse facility
facility for a period of 96 hours 21 days 90 days 1 year / or 30 days 90 days
beginning on the _____ day of _____ .

As the head of the facility where the respondent has been detained and treated, I hereby notify
the court of the *discharge / voluntary admission of said respondent on the _____
day of _____ .

HEAD OF FACILITY/DESIGNEE SIGNATURE	DATE
-------------------------------------	------



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
NOTICE OF DISCHARGE/VOLUNTARY ADMISSION

NO.

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT,
A PERSON ALLEGED TO BE AN ALCOHOL OR DRUG ABUSER OR BOTH.

NOTICE OF DISCHARGE/VOLUNTARY ADMISSION

_____, respondent, was placed in the custody of _____, to be detained for treatment and rehabilitation for a period of 96 hours/30 days/90 days, beginning on the _____ day of _____.

As the head of the facility where the respondent has been detained and treated, I hereby notify the court of the discharge/voluntary admission of said respondent on the _____ day of _____.

Dated: _____

TITLE

FACILITY



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
REQUEST FOR CHANGE OF VENUE

NO. _____

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT,
A PERSON ALLEGED TO BE MENTALLY ILL.

**REQUEST FOR CHANGE OF VENUE
TO RESPONDENT'S COUNTY OF RESIDENCE**

The respondent herein states to the court as follows:

1. The above-entitled cause is an involuntary civil commitment proceeding brought under the provisions of Chapter 632 RSMo.
2. That venue presently lies in this court by reason of this court's jurisdiction in the county where the mental health facility is located in which respondent is detained.
3. That respondent's county of residence is _____, Missouri.

WHEREFORE, respondent respectfully petitions this court for a change of the venue of this cause to respondent's county of residence _____, as provided for under Chapter 632.410 RSMo.

Dated this _____ day of _____, 20 _____.

Respectfully submitted,

RESPONDENT, HIS PARENT, GUARDIAN OR ATTORNEY



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
REQUEST FOR CHANGE OF VENUE

NO.

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT,
A PERSON ALLEGED TO BE AN ALCOHOL OR DRUG ABUSER OR BOTH.

REQUEST FOR CHANGE OF VENUE

TO RESPONDENT'S COUNTY OF RESIDENCE

The respondent herein states to the court as follows:

1. The above-entitled cause is an involuntary civil detention proceeding brought under the provisions of Chapter 631 RSMo.

2. That venue presently lies in this court by reason of this court's jurisdiction in the county where the alcohol or drug facility is located in which respondent is detained.

3. That respondent's county of residence is _____, Missouri.

WHEREFORE, respondent respectfully petitions this court for a change of the venue of this cause to respondent's county of residence _____,

As provided for under Chapter 631.135 RSMo.

Dated this _____ day of _____, 2_____.

Respectfully submitted,

RESPONDENT, HIS PARENT, GUARDIAN OR ATTORNEY:



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
ORDER FOR CHANGE OF VENUE

NO.

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT,
A PERSON ALLEGED TO BE MENTALLY ILL.

ORDER FOR CHANGE OF VENUE

TO RESPONDENT'S COUNTY OF RESIDENCE

1. Now on this _____ day of _____, 20____, this court finds that respondent has filed a proper application for change of venue to the county of respondent's residence, as provided for under Changer 632 RSMo., which county is _____, Missouri.

WHEREFORE, it is hereby ordered that this cause to be transferred to _____, respondent's county of residence.

JUDGE/DIVISION CLERK

MO 650-0157 (7-91)

DMH 149 (7-91)



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
ORDER FOR CHANGE OF VENUE TO RESPONDENT'S COUNTY OF RESIDENCE

NO.

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT,
A PERSON ALLEGED TO BE AN ALCOHOL OR DRUG ABUSER OR BOTH.

Now on this _____ day of _____, 20____, this court finds
that respondent has filed a proper application for change of venue to the county of respondent's
residence, as provided for under Chapter 632 RSMo., which county is _____,
Missouri.

WHEREFORE, it is hereby ordered that this cause to be transferred to
_____, respondent's county of residence.

JUDGE/DIVISION CLERK (SIGNATURE)

MO 650-5895 (11-92)

DMH 8545 (11-92)



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
CONDITIONAL RELEASE FOR INVOLUNTARILY DETAINED PATIENT

NO.

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT

You have been involuntarily detained to the custody of the Director of the Department of Mental Health by the Probate Division of the Circuit Court of _____, County, Missouri for a _____ period to end on _____.

It has been determined that your mental illness can be treated in a less restrictive environment than inpatient residence at _____, a mental health facility.

Successful placement in a less restrictive environment will depend upon your cooperation and compliance with the following conditions:

1. You will reside at _____ which is a _____.

2. You will take medication as prescribed by your physician.

3. You will participate in outpatient treatment as prescribed by the head of the above-named facility.

You will be involved in _____ with _____ at _____, _____ m. every _____ at _____.

4. Your release to a less restrictive environment is also subject to the additional following conditions:

5. Continuing responsibility to and by the facility will be provided in the following manner:

_____ Your conditional release can be revoked and you can be returned to the mental health facility if:

A. You fail to comply with any of the above conditions and as a result you present a likelihood of serious physical harm to yourself or others; or

B. You demonstrate behavior which indicates that you present a likelihood of serious harm to yourself or others.

The conditional release expires on _____ unless a petition for additional detention is filed.

HEAD OF MENTAL HEALTH PROGRAM	DATE
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I have read the above form and had it explained to me by a mental health professional whose signature appears below.

PATIENT	DATE	MENTAL HEALTH PROFESSIONAL	DATE
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You conditional release is hereby revoked because:

- You have violated condition # _____ set out above and, as a result, you present a likelihood of serious physical harm to yourself or others.
- You have demonstrated the following behavior, which indicates that you present a likelihood of serious physical harm to yourself or others:

If you wish, you may request the Probate Division of the Circuit Court of _____ County, MO to hold a hearing on the need for revocation of your conditional release.

DATED: _____

HEAD OF FACILITY/DESIGNEE	TITLE
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- I have read the above and had it explained to me by the staff member signing below as witness.
- I acknowledge receipt of a form to request a court hearing on revocation.

PATIENT	DATE
WITNESS	DATE

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
REQUEST FOR HEARING ON REVOCATION OF CONDITIONAL RELEASE

NO.

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT.

REQUEST FOR HEARING ON
REVOCATION OF CONDITIONAL RELEASE

On _____, my conditional release status was revoked
and I was returned as an inpatient to _____
a mental health facility operated by the Department of Mental Health.

I HEREBY REQUEST that the Probate Division of the Circuit Court of _____
County, Missouri hold a hearing on the need for the revocation.

PATIENT	DATE
WITNESS	DATE

MO 650-0166 (8-96)

DMH 152



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
TRIAL VISIT

NO.

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT,
A PERSON ALLEGED TO BE MENTALLY ILL.

TRIAL VISIT FOR INVOLUNTARILY DETAINED PATIENT

You have been involuntarily detained to the custody of the Director of the Department of Mental Health by the Probate Division of Circuit Court of _____

County for a _____ period to end on _____.

It has been determined by _____, the head of the mental health facility or his designee, that you are eligible for a trial visit from _____, the mental health facility, at which you presently receive inpatient treatment for a period not to exceed _____ hours, to begin on _____ at _____ a.m.

You have agreed to comply with the following conditions in order to qualify for the visit privilege.

1. You will reside at _____ which is _____
2. You will take medication as prescribed by your physician.
3. You will participate in out-patient treatment as prescribed by the head of the mental health facility.
4. You will comply with the following conditions:

Your trial visit status may be revoked and you may be returned to the mental health facility if you fail to comply with any of the above conditions or if you present a likelihood of serious physical harm to yourself or others.

HEAD OF FACILITY/DESIGNEE	DATE
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I have read the above and had it explained to me and agree to the conditions set forth.

JUDGE	DATE
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